

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16299

State File No.

FILED JUN 14 1943

Registration District No. 318

Primary Registration District No.

Registrar's No. 5211

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3426 Indiana /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Marie Kochanek

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Kochanek 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept 5 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 - hr. min.

9. Birthplace Oberhallabrun Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Matthias Wichart

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Unknown

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Kochanek

(b) Address 3426 Indiana Avenue

17. (a) Burial (b) Date thereof June 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Reiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) JUN 7 1943 (b) J. F. Bredeak
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3426 Indiana Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1943 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 24 hours

Due to Hypertension 2 years

Due to Chronic Bronchitis 12 years

Other conditions Chronic Bronchitis 12 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1

Of autopsy 1

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Engine H. Edle (M. D. or other) M. D.

Address 3019 So. Jefferson Date signed 6-5-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Eugene Edole
3019 No. Jefferson

2-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.